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CONFIRMATION NO. 8841

<b>SERIAL NUMBER</b> 10/729,076	<b>FILING OR 371(c) DATE</b> 12/05/2003 <b>RULE</b>	<b>CLASS</b> 029	<b>GROUP ART UNIT</b> 3726	<b>ATTORNEY DOCKET NO.</b> 1001.1687101
<b>APPLICANTS</b> Peter Skujins, Minneapolis, MN; Brian R. Reynolds, Ramsey, MN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/08/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 53
Examiner's Signature <i>J. V. [Signature]</i> Initials		INDEPENDENT CLAIMS 12		
<b>ADDRESS</b> 28075				
<b>TITLE</b> Elongated medical device for intracorporal use				
<b>FILING FEE RECEIVED</b> 2138	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	